Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3082AHOS	A. BUILDING _____ B. WING _____	C 09/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTHSOUTH HOSPITAL AT TENAYA	2500 TENAYA WAY LAS VEGAS, NV 89128

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 9/7/10 and finalized on 9/7/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital. Complaint #NV00026392 was substantiated with deficiencies cited. (See Tag S 0116) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000		
S 116 SS=D	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (b) Develop and carry out an active program for the prevention, control and investigation of infections and communicable diseases. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility transported a patient through the anteroom of room 512 that was being utilized	S 116		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 116	Continued From page 1 for storage the day of admission into a dirty bedroom. Findings include: 1. The patient had arrived from the intensive care unit from the hospital after placement of a shunt into the brain. 2. Patient's are unable to be observed from the hallway due to the placement of the bed in the room. 3. The bedroom was observed to be dusty as related by Employee #4. Severity: 2 Scope: 1	S 116		